

**Natick Police Department
Firearms Identification Card
Including Restricted FID**

Office Hours: Thursdays only 8:30 AM to 3:30 PM

Procedures for Applications

- 1) All applicants must be residents of the Town of Natick, be at least 18 years of age or if at least 15 years of age but less than 18 years of age submit with application a certificate of parent or guardian granting applicant permission to apply for a card.
- 2) All applicants must submit the following photocopies;
 - a) Birth Certificate or Citizenship papers.
 - b) MA Driver's License or Registry picture ID with current address on the front No sticker address.
 - c) Two different home utility bills or any type bills, (NO RENT RECEIPTS), not more than one month old, showing your current address.
- 3) If new license (issued after June 1, 1998), a copy of the Firearms Safety Certificate or Hunter Safety Course Certificate must be attached to this application.
- 4) Firearm Identification Cards are issued for not less than five nor more than six years. The fee is \$100.00 payable by money order, cash or check. Applicants between 15-18 years old \$25 for FID or Restricted FID. Renewal Fee for 70 years and older is free of charge.
- 5) Applicants will bring their application, required photocopies and fee in with them and will be fingerprinted here.
- 6) All applicants will be reviewed and evaluated by the licensing authority.

CHANGE OF ADDRESS (MOVING)

Any license holder shall notify, in writing, the Commissioner of Public Safety, Firearms Record Bureau, 200 Arlington Street, Suite 2200, Chelsea, MA 02150 and the Natick Police Department, 20 E. Central Street, Natick, MA 01760 and the Chief of Police into whose jurisdiction the license holder moves.

Such notification shall be made by certified mail within 30 days of moving. Failure to so notify the above parties, shall be cause for revocation. (Chapter 140, section 131).

ANY PERSON IN POSSESSION OF A FIREARM, RIFLE OR SHOTGUN WHOSE LICENSE IS INVALID FOR THE SOLE REASON THAT IT HAS EXPIRED, BUT WHO SHALL NOT BE DISQUALIFIED FROM RENEWAL UPON APPLICATION SHALL, BE SUBJECT TO A CIVIL FINE OF NOT LESS THAN \$500 NOR MORE THAN \$5,000 (c.140, S.131M).

Rev. 1/15



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services
200 Arlington Street, Suite 2200, Chelsea, MA 02150
mass.gov/cjis | TTY: 617-660-4606

PD USE ONLY	
FTN:	_____
LIC #:	_____

You must submit this form to your local police department

MASSACHUSETTS RESIDENT LTC/FID/MACHINE GUN APPLICATION
FOR NEW/RENEWAL OF A FIREARMS IDENTIFICATION CARD OR LICENSE TO CARRY
FIREARMS OR LICENSE TO POSSESS A MACHINE GUN (M.G.L. c. 140, §§ 129B, 131)

CHECK ONE:

- ☐ New Applicant*
- ☐ Renewal - Most Recent License to Carry/FID Number: _____

*NOTE: If application is for a first firearms identification card or license to carry firearms, a copy of the Firearms Safety Certificate or Hunter Safety Course Certificate must be attached, unless exempt by statute. If this is a renewal application, a lost/stolen firearms affidavit must be submitted.

LICENSE APPLICATION TYPE (Check Only One):

- ☐ Firearms Identification Card - Restricted (self-defense spray)
- ☐ Firearms Identification Card
- ☐ License to Carry
- ☐ License to Possess a Machine Gun
- ☐ Gun Club License (Only the Colonel of the State Police can issue a club license)

EXCEPT FOR SIGNATURE, PRINT OR TYPE ALL REQUESTED INFORMATION:

Last Name		First Name		Middle Name		Suffix	
Residential Address				City	State	Zip Code	Telephone Number
Mailing Address				City	State	Zip Code	Telephone Number
Date of Birth		Place of Birth (City, State, Country)					
Mother's First Name		Mother's Maiden Name		Father's First Name		Father's Last Name	
Height	Weight	Build	Complexion	Hair Color		Eye Color	
Occupation				Social Security Number (Optional)		Drivers License Number	
Employed By				Business Address			
City/Town		State		Zip		Telephone Number	

1.	Are you a citizen of the United States?			<input type="checkbox"/> YES <input type="checkbox"/> NO
	If lawful permanent resident alien, give green card number and resident date	Green Card Number	Resident Since (date)	
	If naturalized, give date, place and naturalization number	Date	Place	Naturalization No.
2.	Have you ever renounced your U.S. citizenship?			<input type="checkbox"/> YES <input type="checkbox"/> NO
3.	What is your age? _____ (You must be 21 to apply for a LTC, 18 to apply for a FID card, or 14 to 17 with			
4.	submission of a certificate of parent or guardian granting permission to apply for a FID card or FID card – Restricted).			
5.	Have you ever been arrested or appeared in court as a defendant for any criminal offense?			<input type="checkbox"/> YES <input type="checkbox"/> NO
6.	Are you the subject of any pending criminal charges?			<input type="checkbox"/> YES <input type="checkbox"/> NO
7.	Have you ever been convicted of a felony?			<input type="checkbox"/> YES <input type="checkbox"/> NO
8.	Have you ever been convicted of the unlawful use, possession, or sale of controlled substances as defined in M.G.L. c. 94C, § 1?			<input type="checkbox"/> YES <input type="checkbox"/> NO
9.	Have you ever been convicted of a violent crime or a crime of domestic violence?			<input type="checkbox"/> YES <input type="checkbox"/> NO
10.	Have you ever been convicted as an adult or adjudicated a youthful offender or delinquent child in any state or federal jurisdiction?			<input type="checkbox"/> YES <input type="checkbox"/> NO
11.	Are you now, or have you ever been the subject of a restraining order issued pursuant to M.G.L. c. 209A, or a similar order issued by another jurisdiction?			<input type="checkbox"/> YES <input type="checkbox"/> NO
12.	Are you currently the subject of any outstanding arrest warrant in any state or federal jurisdiction?			<input type="checkbox"/> YES <input type="checkbox"/> NO
13.	Have you ever been committed to any hospital or institution for mental illness, or alcohol or substance abuse?			<input type="checkbox"/> YES <input type="checkbox"/> NO
13.	Has any firearms license issued under the laws of any state or territory ever been suspended, revoked, or denied?			<input type="checkbox"/> YES <input type="checkbox"/> NO
14.	Have you been discharged from the armed forces of the United States under dishonorable conditions?			<input type="checkbox"/> YES <input type="checkbox"/> NO
15.	Have you been the subject of an order of the probate court appointing a guardian or conservator?			<input type="checkbox"/> YES <input type="checkbox"/> NO

Have you ever used or been known by another name?

☐ YES ☐ NO

If "YES", provide name and explain: _____

Other than Massachusetts, in what state(s), territory(ies), or jurisdiction(s) have you lived?

☐ NONE

Have you ever held a firearms license in any other state, territory or jurisdiction?

☐ YES ☐ NO

If "YES", when, where, and license number? _____

List the name and addresses of two references (as required by your licensing authority)

1.

Last Name

First Name

Address

City/Town

State

Zip

2.

Last Name

First Name

Address

City/Town

State

Zip

Reason(s) for requesting the issuance of a card or license:

☐ Target & Hunting

☐ Sporting

☐ Employment

☐ Unrestricted (use lines below to indicate the reason(s) you are requesting an unrestricted LTC; use a separate sheet of paper if necessary)

WARNING Any person who knowingly files an application containing false information shall be punished by a fine of not less than \$500 nor more than \$1,000 or by imprisonment for not less than 6 months nor more than 2 years in a house of correction, or by both such fine and imprisonment (M.G.L. c.140, §§ 129B(8), 131(h)).

I declare the above facts are true and complete to the best of my knowledge and belief and I understand that any false answer(s) will be just cause for denial or revocation of my license to carry firearms. I understand that filing an application that contains false information is a criminal offense.

Signed under the penalties of perjury this _____

day of _____

month

year

Signature of Applicant: _____